

**Air Ambulance  
Tax-Exempt Certificate for Purchase of Aviation-Grade Kerosene**

**Notification of Registration:**

The undersigned Buyer certifies under penalties of perjury that it is registered by the Internal Revenue Service with registration number \_\_\_\_\_ and that the Buyer's registration has not been revoked or suspended by the Internal Revenue Service.

**Certification Of Aviation-Grade Kerosene Use By An Air Ambulance:** Check the applicable type of purchase.

- ☐ The article or articles purchased in the accompanying order, or on the reverse side hereof, (or)
- ☐ All purchases placed by the activity for the period commencing:

\_\_\_\_\_ and ending \_\_\_\_\_  
(Start Date) (End Date – not more than one year after start date)

are for the use of the Buyer. The Buyer is purchasing aviation-grade kerosene (JP5, JP8, Jet A, Jet A-1) for Buyer's use as a fuel for use or used by a helicopter or fixed-wing aircraft providing air transportation for emergency medical services. The helicopter or fixed-wing aircraft is equipped for, and exclusively dedicated on ☐ this flight or ☐ all flights for acute care emergency medical services.  
Check one Check one

The undersigned understands that if the fuel is used otherwise than as stated above and for a purpose taxable under section 4041 of the Internal Revenue Code, the undersigned will be liable for the tax upon such use, and that the undersigned must be prepared to establish by satisfactory evidence the purpose for which the fuel purchased under this certificate was used.

I understand that the fraudulent use of this certificate to secure exemption will subject me and all parties making such fraudulent use of this certificate to a fine of not more than \$10,000 or to imprisonment for not more than 5 years, or both, together with costs of prosecution. I also understand that I must be prepared to establish by satisfactory evidence the purpose for which the article was used.

\_\_\_\_\_  
Defense Energy Support Center Account Number (If Known)

\_\_\_\_\_  
Name Of Company

\_\_\_\_\_  
Address Of Company

\_\_\_\_\_  
Printed Or Typed Name Of Person Signing

\_\_\_\_\_  
Title Of Person Signing

\_\_\_\_\_  
Signature And Date Signed

\_\_\_\_\_  
Telephone Number